

Department of Public Health and Human Services

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SECTION SERVICES

SUBJECT MFP Regional Transition Coordinator

REFERENCES: New Demonstration Service – defined in the MFP Operational Protocol

DEFINITION

Regional transition coordinators will provide supports for consumers' needs as they transition from institutions to the community.

- Transition coordinators will work with a team, including the consumer, family members, institutional providers, discharge planners, peer mentor/advocate, and community providers (including CILs) to develop a transition plan and oversee its implementation.
- Transition coordinators will coordinate services around the transition, including the transition services (Example: housing assessment, home modifications, vehicle modifications, utility deposits, connecting participants to peer mentors, working with local housing coordinators, visiting potential housing options, coordinating moving day, and selecting other MFP demonstration services needed by the consumer to successfully transition).

COVERED SERVICES

MFP Regional Transition Coordinator Services include the following:

- Meet MFP applicant (and family, guardian, or others involved as applicable) within 30 days of referral
- Provide overview of MFP program
- Learn more about the applicant and his/her wishes
- Discuss and clarify options (provide options counseling)
- The applicant confirms his/her desire to participate or not (must complete signed consent form)
- In collaboration with the participant, define the participant's support network, guardian, and person-centered planning team
- Review criteria for guardian participation
- Request documentation to confirm participant meets level of care or needs-based criteria
- Work closely with waiver case manager (this requirement won't be necessary if the Case Manager and Regional Transition Coordinator are the same).
- Confirm length of stay in an institutional setting
- Confirm Medicaid eligibility
- Work with ADRC, in-patient facility, OPA, and family to begin qualifying participant for Medicaid, if necessary
- Inform participants of MFP participation once eligibility is confirmed

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- Complete the baseline Quality of Life Survey with participant who is over 18 years old prior to transitioning out of the institution if possible.
- Review consumer assessments, including level of care and functional needs assessments
- Explore participant's preferences and expectations for living and services
- Gather information on service and support needs and resources by assessing needs in:
 - Medical
 - Social
 - Housing
 - Transportation
 - Educational/Vocational
 - Advocacy
 - Financial
 - Psychological
 - Substance abuse/addiction
- Develop person-centered plan
- Continue to determine details and implement components of the person-centered plan through moving day
- Determine details and implement 24/7 emergency back up plan
- Determine details and implement risk/mitigation plan
- Create draft discharge plan (i.e. transition plan to waiver/State Plan services)
- Conduct readiness review
- Prepare for move
- Ensure Medicaid eligibility day before discharge

SERVICE REQUIREMENTS

The MFP Regional Transition Coordinator is a person identified during the referral and eligibility process with consideration to the person-centered plan. This person will provide one-on-one support for a participant during the MFP transition process from an institution into the community.

The Regional Transition Coordinator role begins upon receipt of the MFP approval letter. The Regional Transition Coordinator will be identified in the letter and assumes responsibility for the above duties unless a change of Regional Transition Coordinator is approved by the MFP Transition Coordinator or MFP Project Director.

The Regional Transition Coordinator role continues through moving day and ends the day after moving day. If the Regional Transition Coordinator is also the case manager or regional staff, the role of case manager or regional staff will be assumed the day after transition and will continue to meet the requirements of the qualified waiver program.

FEES

This fee for the Regional Transition Coordinator is paid for both a successful and an unsuccessful transition. See below for clarification of billing:

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A transition is successful if the participant moves to the community for a minimum of one day. A successful transition can be billed effective moving day.

A transition is unsuccessful if The Regional Transition Coordinator begins transition activities based on the date of the approval letter from the MFP program and the participant does not move to the community for a minimum of one day. The agency will directly invoice the MFP Program for the unit amount.

Unit of Service:	1 Transition (regardless of the amount of time involved in pre-transition work)
Rate:	\$5,000

PROCEDURE CODE/MODIFIER

H0043/UA